Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

OHI SUNSHINE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

PLACE - DEFINAL CT System Children

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	the provisions of sections aned corporation organized			8, Florida Statutes,
•	following statement in ord	· ·		d agent, or both, in
1. The name	of the corporation : OHIS	mshine, Inc.		, , , , , , , , , , , , , , , , , , ,
2. The maili	ing address of the corporati	on : 9690 Decreco Blvd.	Ste. 100 Tirgonium, MD 21	093-6991
3. Date of i	ncorporation/qualification:	5-31-01	Document number:_	P0100005377
4. The name	e and address of the current	registered agent and	office:	
	Corporation Service Comp	any		4,0 %
	1201 Hays Street			ALCO H
	Tallahassoe, FL 32301			35
5. The name	and address of the new re	gistered agent (if chan P. O. Box Not Accept		ffice (if changed)
	CT Corporation System		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.0
	e/o C T Corporation System	a, 1200 South Pine Island	Rosd,	Alb
	Plantation, Florida 33324			,
The street as	ddress of its registered offi anged, will be identical.	ce and the street addr	ress of the business offic	ce of its registered
Such change authorized b	e was authorized by resoluty the board.	tion duly adopted by	its board of directors or	by an officer so
	-7xx/		7-15-03	
(Signa	ture of an officer, chairman of vice	chairman of the board)	> (Da	tc)
Aichael E. Jone	cs. Vice President			<u>.</u> —
,	(Pelated or typed name a		-	
CYMICICU UI			ce of process for the ab agent and agree to act relative to the proper a It the obligation of my p	ove stated in this capacity. nd complete vosition as
CT Corporations:	on system Huster Sin	Myda tud	7-15-03	
	(Signature of Registered Agent)	Unda Trad	the Sec.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
f signing on de	shalf of an entity:	- 45-46-1	- A State " Carrier	
	(Typed or Printed Name)	······································	(Capacity)	
	***	FILING FEE: \$35.	30 * * *	
TR2E045(9/00)	,			
	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee FL 323	334